

# DDA QUALITY ASSURANCE AND COMPLIANCE REVIEW

AGENCY NAME:FAMILY SUPPORT SERVICES OF NORTH IDAHO, LLC	QA SURVEY DATE(s): _8/27-28/2007
NOTE: This document contains a listing of findings made by the survey team. The su professional knowledge and interpretation of IDAPA requirements. In the Column, "Agen agency's plan for compliance action and anticipated time."	ncy's Plan for Compliance", the statement should reflect the
SURVEY TEAM MEMBERS:  Kimberiy D. Cole, LSW (Lead- RMS): Vicki Peoples, (RMS); Paul Norstog (FACS); Heather Fr	reeman (FACS): Heather Gregory (FACS)
SURVEY FINDINGS	
Comments:	
Pascale is very easy to work with from a QA reviewer's perspective. She was very accommodating information timely.  FILES:	g to requests, finding a quiet place for us to review, and sending u
The Organization of the files has improved since the last review. Some "fine tuning" of information desired. Separating the therapy logs and progress notes from the main file on a QA review.	
(O):	
O's Medical/Social report could emphasize more of his strengths and it would be nice during therapy and is/could be used to reward his completion of tasks. The development	
18 months from early intervention evaluations. More current developmental information	
Dr. Roger Ehlert, there was some mention of sleep problems. The reviewers wondered	
his sleep problems since this report (3-2-06) and if this could be connected to some of	his behaviors/hyperactivity.



Strengths and Best Practice: (Best Practice reflects techniques, methods, processes, activities that are especially effective at delivering a particular outcome. They reflect continuous learning and continual improvement approaches.)

Pascale was very receptive and responsive to needed improvements, revisions in policies. All policies that were out of date with required rule were revised to meet current rule before the review was completed.

Only use professional staff, which reduces oversight responsibilities and improves the quality of services.

Long term employees have consistency with those they serve.

Immediate responses and resolution to any concerns of health, safety and ethical concerns.

Sound-screen- white noise device outside each therapy room door to further protect confidentiality and noise control

Entry and exit bells to monitor traffic flow and manage individuals safety.

It was noted in the clinic book for each child that at least one therapist received training which was acquired specifically to improve her ability to work on a specific objective. Another child had some speech evaluation outside the agency, and the therapist had used the results to incorporate in therapy. These things could, and should be reflected in the child's file, as they affect therapy (in a positive way)

All therapists observed showed excellent competence in their work. They relate well with the children and this improves the quality for the children and helps them to make progress. At all times, therapists showed professionalism and concern for best therapy practice.

All three children observed have autism spectrum disorders, and the therapists are to be commended for helping these children to "work through" their behavioral needs. Two of the children made it through the observation period without major behavioral difficulties. The third boy showed clear signs of a possible major behavior at one point, but the therapist used multiple strategies to successfully guide him back into therapy without having to leave her seat.

## Consumer/Family Satisfaction Survey:

Almost all participant satisfactions received the highest marks. Those that had dissatisfaction had been reviewed by the administrator and followed up on and corrected/resolved.

Parent Satisfaction: Q's guardian, was reached for comment. Q has been receiving IBI for a little over a year. She is very happy with his progress in IBI. She said that this summer, his changes in ability to stay focused has allowed him to learn to read. Even though he is not always able to stay in his seat, he is now able to maintain focused on his therapy. At home this has helped with calmer behaviors.

Parent Satisfaction: SH. Said that P has been receiving IBI for two years with Family Support Services. She says that the therapy is working very well, and that people who do not see him often notice the change. He would wander aimlessly before and now he is able to be calm and pay attention. He has learned to calm himself when he gets excited. He loves to imitate now.

His challenges now are with communication, and he is trying PECS, having given up signing. He is going to a private speech therapist to see if speech is a viable option for him. He has several CV selections which he imitates at present.

4/07



Mom is very satisfied with IBI therapy.

## Therapy Observation Notes:

# Therapy Observation NL:

The therapy session observed with NL and his therapist met all expectations during the observation period of about 45 minutes. N appeared comfortable with the therapist and responded well to the therapy routine, which seemed appropriate to his needs and abilities.

The therapist successfully gained N's attention, presented information clearly, called for response appropriately, provided prompts if needed, and corrected the response or use reinforcement when a correct response was given. The therapist demonstrated verbat praise enthusiastically and her attention was fully engaged in providing quality therapy. Therapy was not unnecessarily interrupted and N stayed on task throughout the observation.

The therapy was delivered as described by N's Implementation Plan found in his IBI file. The data collection method was observed to be appropriate, practical, and consistent. Data was collected by the therapist immediately on a data sheet. During the observation the therapist introduced a new task for N to identify time digitally by the half hour. N disptayed some struggle with this task, but kept his concentration with minimal redirection.

The reinforcers (cars/trucks) used during this observation were appropriate for N's abilities and seemed reinforcing for him. The frequency with which he was reinforced was consistent with his implementation Plan and appropriate to N's responses during therapy. The therapist followed the reinforcement schedule established for N. The schedule was delivered in a timely fashion that appeared to be reinforcing. Differential reinforcement was used appropriately to keep N on task and motivated to continue.

At one point during a discrete trial, N seemed to have something to say. The therapist calmity redirected North to complete the task presented to him and he responded well.

### Therapy Observations for OH:

O's therapy was observed during therapy for about 45 minutes at the agency. The IBI therapist working with QH met all expectations for ability to gain attention, present information, call for response, provide prompt if needed, and correct the response or reinforce a correct response.

The therapy was appropriate for his age and developmental level, and the environment encouraged his acquisition of skill sets because it was low on distractions and all therapy materials were well prepared in advance.

The therapist could, and did, introduce new tasks and materials to the therapy smoothly and with little loss of concentration from Q. All interactions were calm, appropriate and respectful. Although Q was occasionally distracted by the reinforcement he was working toward, he seemed to want to work and became excited when completing a task.

The reinforcers used seemed to be reinforcing to Q and appropriately timed for his attention span, as well as to the reinforcement schedule outlined in the Implementation Plan. The therapist used some differential reinforcement, which had the desired effect of keeping Q focused on his work.

At one point, Q became agitated. The therapist made use of instructional control to help diminish unwanted behavior, as observed by Q's motivation to succeed at his work. The therapist made good use of extinction techniques to decrease unwanted behaviors, such as getting up, hitting his head, and avoidance. She redirected him when necessary using the least intrusive methods likely to achieve the desired effect.



The therapist related to the child using verbal praise and Q responded with excitement in return. The therapy was uninterrupted by unnecessary events and the therapist's attention was fully engaged with Q. He seemed very familiar with the therapy routine and motivated to finish his task so he can play.

The therapy is delivered as described in the authorized IBI Implementation Plan. Data was observed to be collected in an appropriate fashion directly after each work task completed. Data collection did not interfere with the therapist's ability to maintain instructional control.

# Therapy Observation PH 8-28-07

The therapist met all expectations for the observed interval of approximately 45 minutes. P was observed to be very intent on the tasks presented and appeared interested and challenged by the tasks.

Because of profound hearing loss, (complicated by autism), extra efforts are required to assure that P is receiving the instructions. His therapist was observed to be quite effective at this.

The therapy took place in the clinic center, which was set up in advance with P's therapy items. The setting promoted the acquisition of new skills. P takes a very long time to become proficient in new skills, but uses them well once they are acquired. He also loses skill if not required to use them.

The therapy was appropriate to P's age and needs. Therapy progresses well, with all of P's attention engaged.

Data was collected in this setting on a standard data form which was filled in during therapy. The therapist was practiced with this and it did not intrude on the course of the therapy.

P enjoyed (primary reinforcers, (jelly worms) and would work for them as well as for secondary reinforcers, (modified high fives). In addition, his focus was so total that it is to be inferred that there is a high degree of instructional control.

Many types of differential reinforcement was observed, done well and in context (token economy, choice board, praise, DRO and DRA).

# Dev. Therapy Observations

- 1. EB (ZB): The staff I observed did an excellent job working with E. The emphasis in his therapy has been to increase his ability to follow directions, respond to redirection, and recall events. I didn't witness any grossly mappropriate behavior; staff did need to use verbal redirection (multiple times) in order for E to transition from desirable activities (playing with Legos, jumping on the trampoline) to less desirable ones (doing puzzles, answering questions for his program). Staff also encouraged E to tell her how different things made him feel, and try to describe how others (family members) might feel if faced with similar situations. The interaction between E and the staff member was very positive; they clearly had developed a rapport that enhanced the therapy being provided.
- 2. CF: This was another example of very positive interaction between the child and their staff. Staff encouraged C to explore how his behaviors (hitting, pushing, etc.) make others, particularly family members, feel (ex. mad, sad, etc.). They also discussed different options C can utilize when he gets upset; C listed these including going outside to play and taking deep breaths to calm himself down. I did not witness any grossly inappropriate behavior; staff did tell me that C has greatly reduced the number of aggressive behaviors at



- home (particularly towards his mother) since starting services. Staff implemented verbal redirection and praise in working with C, both of which appeared effective. She also involved C in role play to help him think of his actions when faced with a (usually) aggression-provoking situation (his sister pushing him). Overall the therapy session was very positive.
- 3. BJ: The staff that was working with B had to use continuous verbal redirection in order for him to complete any task, whether it was answering questions related to his program, turning his cell phone off, or putting away toys/games that he had taken without asking permission. Each time B was asked to do something, the therapist would ask B and then wait until B complied with the request. The staff also discussed with B different things that make him nervous/uncomfortable, such as starting a new school and meeting new peers. B needed several prompts to give serious responses to questions. Pascale had told me that B is typically very aggressive, and often needs to be restrained in order to not injure himself or others; however I did not witness this behavior during my observation. The staff told me that they have implemented a 'points system' with B, and that has proved to be much more effective than verbal praise in shaping B's behavior.

### Recommendations:

Continue to document efforts to get DHW Background checks for the specialists you refer to.

16.04.11.201 in Policy states that DHW determines eligibility. Although the eligibility for IBI is determined by the Department, the policy statement is not true for children's Developmental Therapy at this time.

16.04.11.201.v.iii. local fire safety inspection has been taking place annually. However it was due in July and has not yet been scheduled yet by the landlord. No structural changes have taken place, so review would primarily be of the systems and extinguishers.

16.04.11.201.v.vi could improve with guidelines for meeting areas (appropriate distance of evacuation) and arrows from each office or room to route of travel. I believe this was discussed during the center review.

16.04.11.400.04 you may want to consider adding this to a policy (either employee and or participant intake or some place eise where it can then be checked.

16.04.11.405 agency has policy to not use paraprofessional, but it was stated that they may be changing this policy to hire college students who would then work directly with professional or under direction of professional. If you do this, your policy will need to be revised to match rule and this is closely monitored during reviews.

16.04.11.415.01.c receive during training and will receive at orientation better through revised profile review. Will need to make sure document clearly.

16.04.11.415.02 All areas are generally addressed in weekly meeting notes. Discussed that they need a way to ensure that this shows up during staff file review as it was almost missed during this review.

16.04.11.415.02.f Performance evaluations have a space for date of evaluation but it is generally blank.

16.04.11.415.03 Requirements for IBI are not clearly stated in policy however do receive. May need to consider adding more training than annual Mandt training and AT as formal training courses. Mandt certificate clearly identifies what the staff has attended and been trained on. A syllabus or training curriculum may be needed to view by future reviewers, however this team felt it was sufficient.



16.04.11.500.03.f discuss with landlord to get childproof handle on mechanical room since code will not allow it to be locked. 16.04.11.900 better document QA of satisfaction surveys, review of code of ethics and general-overall agency functioning.

16.04.11.910 suggest add definitions of abuse, neglect, exploitation and injuries to policy/procedure and ensure that procedure of 24 hour notification matches rules.

Deficiencies:	Agency's Plan for Compliance:
ar unradulations	rigered by min vox comprisance.
16.04.11.400.02.a Must have available, at a minimum, the following personnel, qualified in accordance with section 420 of these rules (420.26), as employees of the agency or through formal written agreement. Speech-language pathologist or audiologist.  Speech Language Pathologist on agreement has not submitted current license by time of exit of review.	The Speech Language Pathologist has submitted current license. The agency is also working on developing a new referral agreement with another Speech Language Pathologist.
16.04.11.601.03 General Requirements for Assessment Records Psychological Assessment. A current psychological assessment must be completed or obtained a when the participant is receiving a behavior modifying drug(s); b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); c. when it is necessary to determine eligibility for services or establish a diagnosis; d. When a participant has been diagnosed with mental illness; or e. when a child has been identified to have a severe emotional disturbance. And 16.04.11.604.09 a psychological assessment includes psychological testing for diagnosis and assessment of personality, psychopathology, emotionality, or intellectual abilities (IQ test). The assessment must include a narrative report. Psychological assessment encompasses psychological testing and psychiatric diagnostic interview.	The psychological assessment for file one has been obtained and filed. The psychological assessment for file three has been requested but not yet received. The agency will ensure that it is received within the nex week and will file it. Also the agency will conduct an internal audit to ensure that all participants have a psychological assessment in their file. This will be done by the IBI program manager and director of the agency within the next 90 days. To be completed by 12/13/2007.
For 2 of 3 files there was no psychological assessment.	
16.04.11.602.04 Requirements for current Assessments. Assessments must accurately reflect the current status of the participant. Intelligence Quotient Once mitial eligibility has been established, annual assessment of IQ is not required for persons whose categorical eligibility for DDA services is based on a diagnosis of mental retardation. IQ testing must be re-conducted on a frequency determined and documented by the agency psychologist or at the request of the Department. For 2 of 3 files there was no Psychological or IQ score located in the files.	The IQ score for file one was obtained and filed. The IQ score for file two has been requested but not yet received. The agency will ensure that it is received within the next week and will file it. Also the agency will conduct an internal audit to ensure that all participants have an IQ score in their file. This will be done by the IBI program manager and director of the agency within the next 90 days. To be completed by 12/13/2007.
16.04.11.605.05 Requirements for Specific Skill Assessments must be used to determine baselines and develop the program implementation plan.  For 2 of 3 files reviewed there was no skill assessment that determined baselines.  16.04.11.701.02 Requirements for a DDA providing services to children ages 3	Within the next 90 days the IBI program manager will develop and complete a specific skills assessment form for 2 of 3 file reviewed and all participants within the agency that may have been affected by the deficiency. That form will include further assessment conducted by a qualified professional to determine a participant skill level, baseline and be related to a goal. To be completed by 12/13/2007.  The intake section of the file was completed and filed under the related tab. All

through 17 and adults receiving IBI or additional DDA services prior authorized | files have been reviewed and are correct as of 9/13/2007 under the EPSDT program. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. A. The person must have been determined by the DDA to be eligible for DDA services, b. The DDA must obtain or complete a comprehensive medical and medical/social history,

# For 1 of 3 files the intake section of the file was empty.

16.04.11.701.04.a.ii Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency and duration of the service. Type of service refers to the kind of services described in terms of group, individual, or family. And 701.05,e.iv. The type, amount, frequency and duration of therapy to be provided, And 16.04.11.705. Record Requirements. Each participant record must support the individual's choices, interests and needs that result in the type and amount of each service provided.

For 2 of 3 file this component of "type of service" was specified on the IPP and Within the next 90 days the IBI program manager will review all participants IPP receiving services through this agency and will ensure that all IPP have the component of "type of service" is met on their IPP. To be completed by 12/13/2007.

## For 2 of 3 files, this component of 'type of service' was not met.

16.04.11.701.05.e.vii The IPP must include: A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective.

For 1 of 3 files reviewed, only 4 of 7 objectives were measurable and behaviorally stated.

16.04.11.703.02 Program Implementation Plan requirements. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned.

For 3 of 3 files reviewed there was no baseline statement found.

16.04.11.704.01.d Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. General requirements for Program documentation. For each participant the following program documentation is required: When a participant receives developmental therapy, documentation of 6 month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services.

The IBI program manager will within the next 90 days review the objectives of the file and will add measurable component and behaviorally stated component to the three objectives. The IBI program manager will also within the next 90 days review all IPP of all participants and ensure that the objectives are measurable and behaviorally stated. To be completed by 12/13/2007.

The baseline statements were located in the daily work book of each child. The IBI program manager will within the next 90 days include the baseline statements in the files of all participants reviewed but also for all participants receiving services through this agency. To be completed by 12/13/2007.

Within the next 90 days the IBI program manager will complete the six months review that was due for one of the file that was affected by the deficiency, as this child start date of services was 10/07/06. However all other files reviewed were not due for six months review or annual. With a start date of 6/11/07 and 04/23/07 for these two files. The IBI program manager will ensure within the next 90 days that all files are in compliance within the agency. To be completed by 12/13/2007.

## For 3 of 3 files reviewed there was no 6 month or annual review.

16.04.11.705.01.d Record Requirements. General record requirements. participant record must contain the following information: Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician. current medications, allergies, special dietary or medical needs, and any other The profile sheet for 2 of 3 file has been updated and filed in. The IBI program manager and Director of the agency will conduct an internal audit within the next 90 days and will ensure that all participants have a profile sheet in file. To be completed by 12/13/2007.



information required to provide safe and effective care.

For 2 of 3 files reviewed there was no profile sheet in file. (the profile sheet was updated at time of review but no way to indicate that all files have been reviewed and one has been completed)

16.04.11.706 When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of sills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant.

For 3 of 3 files reviewed there no documentation of collaboration with providers or copies of other plans including IEP's. Therefore there is also no evidence of ensuring skill acquisition and generalization of skills across environments, avoiding duplication, or integrating plans into DDA plan of service. See also rule requirements 16.04.11.706.01 for specifics regarding IEP information.

The IBI program manager has developed a coordination of services log that will be consistently used by all therapists to maintain the documentation of collaboration with other service providers to ensure that there are no duplication of services and to maximize skill acquisition and generalization of skills across environments. The IBI program manager will train all staffs within the next 90 days and will on a weekly basis collect and review the coordination of services logs.

For 3 of 3 file the IEP's have been included in the files. For 1 of 3 file the individual clinical therapy plan has been requested and obtained and filed. For 1 of 3 file the PCS plan has been requested but not yet obtained. The parent of this child reported that the PCS plan is in the process of being updated and will be forwarded to our agency as soon as it is done. The IBI program manager will within the next 90 days conduct an internal audit on all files and will ensure that all necessary plans are in file. A specific tab will be created for the other services plans and for the coordination services log. To be completed by 12/13/2007.

Agency Administrator Signature: Descale Title Ti	Date: 9/13/07
Medicaid Survey Team Lead Signature: Jest Dold	Date: 9/14/57
FACS Team Signature:	Date:

Agency Administrator Signature:

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Date:

PACS Team Signature:

Date:

9/10/07